

# Inner City Health Strategy Policy Summit Report



THE INNER CITY HEALTH STRATEGY WORKING GROUP

## The Context

The Inner City Health Strategy Working Group is a group of community organizations, advocates and researchers who have joined together under the auspices of Hamilton Urban Core CHC to develop a strategy for addressing inner city health inequity and injustice with a focus on poverty and racism as the key co-determinants of health.

Following the community survey and research work undertaken by the Working Group it became clear that a policy summit with representation from various sectors and communities that focused on examining the relationship between policy and lived experience would be an important next step. In April 2011 the groundbreaking Inner City Health Strategy Policy Summit: Poverty, Racism and the Impact on Health was held with more than 150 participants in attendance.

Seven theme or discussion areas were identified for the Summit and abstracts were solicited from potential presenters in Canada and the United States. The theme areas provided the foundation for the Summit and are described as: Systemic racism in health policy; Impact of racism and poverty on mental health; Integration of cultural competence in health education and medical training; Reducing health disparities and improving health outcomes for racialized groups (i.e seniors, youth, adults); Improving access to services and addressing differential treatment; Inequities and approaches to integration of newcomers and Advocacy and influencing policy change.

In addition to the panel presentations, each theme area was used as a focal point for the discussion tables. Each discussion table was asked to discuss the identified topic using three key questions as a guide. This required participants to reflect on their own experience and understanding to identify key policy issues; gaps in policy and recommendations for improvement.

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## Opening Ceremony

The Inner City Health Strategy Policy Summit opened with a special ceremony by Amadou Kienou who is a Griot and Master Drummer. A griot is a West African historian who delivers history as a poet, praise singer, and wandering musician. The griot is also seen as a purveyor of political comment. The Working Group felt that the connection of oral traditions to the development of the rules or policies that should represent our collective best interests and the discussion of everyday experiences would be enhanced with an introduction by the Griot.

### Quick Facts

In Ontario social assistance rates are still below the level that individuals received prior to the 21% in cut in 1995.

In 2010 a single person living on Ontario Works has 41% less purchasing power than he or she had in 1995.

*"All presenters were knowledgeable on the work they presented; there was an urgency of now which I heard echoed in their presentations"*

*A Summit Participant*

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## Summary of Panel Presentations

### **The Role Of Resilience In Low Income People Of Color And How That Resilience Prevents Mental Health Conditions - Dr. Edward Wallace**

Historically people of color, especially African Americans have been mistreated, undertreated, wrongly diagnosed of mental disorders, and have had their race and ethnicity used against them in the name of mental health research. Dr. Edward Wallace highlighted the findings of his community based research study which examined how people of color from low income areas in Cincinnati are resilient to mental health conditions. Results showed that community members felt that they are never (45.7%) respected by mental health providers and 38% reported that getting good health care in the near future will be extremely difficult. Despite these results community members reported that they have a fair amount (39.5%) of confidence in mental health providers. Dr. Wallace concluded that these findings reveal that many African Americans have a high level of resiliency and optimism about mental health issues despite how they are treated

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### **The State of Black Health - Alexander Lovell, PhD Candidate**

IntoHealth (a partnership between Toronto Public Health and the Black Health Alliance) conducted a comprehensive examination of population health disparities across several aspects of health status and services access and utilization. This presentation examined the findings of this initiative and compared the health status of different racialized groups in Toronto with a focus on significant health inequities in the areas of physical and mental health status, lifestyle indicators, and health care services access and use. The findings confirmed that there are significant health inequities in the city, even when restricted to comparable socio-economic groups. In particular, this new data revealed that the social determinants of health, period of migration, and "race" are key markers of health risk.

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### **Enhancing employment prospects as a pathway for reducing health inequalities and improving health outcomes for racialized group members - Dr. Grace-Edward Galabuzi**

Using a social determinants of health approach, the presentation discusses how work affects our health through a number of different pathways. These include the nature of work we do - secure or precarious: whether it is full-time, part-time or contract - the income we draw, the physical or psychological strain, and the conditions of work. We know that good employment and working conditions can have powerful effects on health and health equity through the provision of financial security, social status, personal development, social relations and self-esteem and protection from physical and psychological hazards. Good employment conditions and outcomes also reduce gender, racial and other social inequalities. The focus of our workshop then is to consider policies that improve the employment prospects, access to better wages and exit from low income status for racialized groups.

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### **Understanding the Inner City Health Strategy - Simone Atungo, Floydeen Charles-Fridal**

The Inner City Health Strategy Working Group, an initiative that brings together community agencies, advocates, researchers and representatives across communities of common interest, engaged in a research project that included a community survey, focus groups and key informant interviews. The focus of the study on poverty and racism and the racialization of poverty and the impact on health was to hear about the lived experiences of individuals. The pernicious effects of poverty represent a significant health barrier but poverty alone does not explain the reality for thousands who are also affected by racism. The presentation helped to advance understanding of the context of an "inner city" identification, and the interplay between racism, poverty and health.

***The social determinants of health, including the impact of racism, discrimination and poverty account for 50% of one's health status.***

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## Highlights from the Discussion Tables

Discussion tables provided participants with an opportunity to share experiences and knowledge and to further examine the theme areas. Rigorous discussion led to a number of issues, gaps and questions most of which requires further debate, research and action. Upon review of the feedback from the discussion tables five common themes emerged. They included:

- Inclusiveness - ensuring that the perspectives, and experiences of racialized and excluded populations are integrated in policy discussions and development
- Accountability and Transparency - open, public processes that monitor progress, identifies gaps and the impacts or benefits of policy and mechanisms to effectively evaluate and adjust as needed to respond to population issues and needs
- Cultural Competence - integration of cultural competence in health education, training and accreditation processes and hiring practices
- Knowledge Building and Knowledge Transfer - facilitating access to information and building capacity within population groups and communities
- Access - addressing systemic gaps and barriers and implementing strategies that affectively address the social and economic determinants of health such as a national housing or pharmacare strategy

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## Recommendations

Several formal and informal recommendations were articulated throughout the Summit. Participants emphasized the importance of maintaining a focus on the issues of poverty, racism and health inequity and shared concerns that these areas are often overlooked or minimized resulting in a legacy of inaction and exclusion. Highlights of the recommendations include:

- Continue the work undertaken and host a 2-day summit to allow time for fuller discussion
- Use the outcomes of the discussion to develop / implement the action plan
- Develop tools and processes to collect race-based information for research, evaluation and policy development
- Engage in policy education as part of a community mobilization strategy so that there is a better understanding of how various policies relate to and impact on racialized populations
- Identify and engage in research and public education to support the inner city health strategy goals and objectives

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## Next Steps

- ◆ Development of an action plan that incorporates comments and feedback from the Summit
- ◆ A Fall 2011 Policy Summit
- ◆ Development of a communication strategy
- ◆ Dissemination of Summit report

***Health equity concerns those differences in population health that can be traced to unequal economic and social conditions and are systemic and avoidable – and thus inherently unjust and unfair.***

## Summit Evaluation Summary

- Overall, 95% of participants felt that the Policy Summit was well organized and met the objectives
- The format of the Summit and flow of the day were rated as “highly effective”
- The presentations and discussion groups were well received by participants and were rated as “good” or “excellent”
- 65% of participants confirmed that the Summit was valuable and enhanced their understanding of the links between health disparities and policy issues
- Opportunities for cross-sectoral collaboration to identify and address gaps in policy was viewed as essential by 90% of the participants
- 70% of participants emphasized the importance of meeting regularly to strategize, monitor, and discuss advocacy action plans
- An overwhelming, 98% of participants indicated that the Summit should have been held over a two day period and confirmed they would attend a future Policy Summit

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***Health equity concerns those differences in population health that can be traced to unequal economic and social conditions and are systemic and avoidable – and thus inherently unjust and unfair.***

(Unnatural Causes)

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## The Inner City Health Strategy Working Group

The Inner City Health Strategy is a pioneer initiative designed to create strategic alliances, community initiatives, and a supportive body of research with the objective of influencing policy and funding decisions. By these means, the Strategy hopes to make a material difference in the lives and health outcomes of those living in poverty, or with too-low incomes, and to effect positive change in the inner cities. The Inner City Health Strategy Working Group is a collaborative partnership that is based on the premise that through the combined thinking, energy and efforts of a focused group a more ambitious vision of what must be done to address health disparities in the inner city will emerge. The Strategy posits that poverty, racism and the racialization of poverty are key co-determinants of health and their relationship is one of cause and effect. In this regard the Strategy has produced and disseminated two reports: Racism, Poverty & Inner City Health Current Knowledge and Practices and the Inner City Health: Experiences of Racialization and a Fact Sheet.

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